

FEB 29 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Platte*

Township *Winston*

City *Winston*

Registration District No. *698*

Primary Registration District No. *4420*

File No.

*2625*

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Female*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*June 24 1860*

7. AGE

YEARS

*76*

MONTHS

*7*

DAYS

*4*

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*at home*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Winston Mo*

13. NAME

*Vincent Ruff*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Germany*

15. MAIDEN NAME

*Elenora Sallow*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Germany*

17. INFORMANT (ADDRESS)

*Mrs. Hite Winston Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACED

*Laurel Hill*

DATE

*Jan 30 1937*

19. UNDERTAKER (ADDRESS)

*J. W. Brill Winston Mo*

20. FILED

*1/28 1937*

*J. W. Brill*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*Jan. 28 1937*

22. I HEREBY CERTIFY That I attended deceased from

*Jan 15 1935 to Jan 28 1937*

I last saw him alive on *Jan 28 1937* Death is said

to have occurred on the date stated above, at *Winston Mo*

The principal cause of death and related causes of importance were as follows:

*Chronic Myocarditis & bedema*

Date of onset

Other contributory causes of importance:

*Nephritis (chronic)*

Name of operation

*None*

Date of

What test confirmed diagnosis? *Urinal* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *✓* Date of injury *✓*, 19 *✓*

Where did injury occur? *✓*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Lewis C. G. Albert* M. D.

(Address) *Winston Mo*

